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CONFIRMATION NO. 9936

<b>SERIAL NUMBER</b> 10/699,610	<b>FILING OR 371(c) DATE</b> 10/30/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3768	<b>ATTORNEY DOCKET NO.</b> TYHC:0143/FLE (P0277R-02)
<b>APPLICANTS</b> Joseph M. Schmitt, Andover, MA; Martin Debreczeny, Danville, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/441,943 05/20/2003 which is a CON of 09/810,918 03/16/2001 PAT 6,591,122 <i>IL</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/30/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Signature</i> Allowance* <i>IL</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 47
				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 52144				
<b>TITLE</b> Device and method for monitoring body fluid and electrolyte disorders				
<b>FILING FEE RECEIVED</b> 1644	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	